



Patient/Client Access to Records Request

Laboratory Identification Number (if known): _____

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Relationship to patient/client: _____ (Under age 18 must have legal guardian signature)

TO OBTAIN RECORDS: I, II and IV MUST BE COMPLETED
TO AMEND OR UPDATE RECORDS: I, III and IV MUST BE COMPLETED

I. I receive(d) services from the NH PHL at the following location:

- ☐ NH Public Health Laboratories (NH PHL) Date of Service: _____
☐ Other location - Please specify: _____ (approximate dates are acceptable)

II. I am requesting access to the following information:

- ☐ Laboratory Test Results* ☐ Billing Records*
☐ Other[‡] - ***Please specify the information you wish to access:*** _____

III. I am requesting data changes to my records:

- ☐ Name Change on Lab records* - *Please fill in the following information:*
• Date name changed: _____
• Previous name(s): _____
• New Name: _____
☐ Address change on Lab records[‡] - *Please fill in previous address:* _____
☐ Other[‡]: _____

* Must be Notarized

[‡] May need to be Notarized
(Call 603-271-4661 for more info)

IV. Please sign below (*only sign in presence of Notary Public*).

I understand that there may be a fee for the documents and wish to proceed.
(Copy fees: First 25 copies free, \$.25 per additional pages)

Signature

Date

Printed Name

Notary Name & Seal

V. Please submit completed form to: Lab Director, NH Public Health Laboratories, 29 Hazen Drive, Concord, NH 03301

If the above signature is that of a guardian or personal representative, please attach the appropriate legal documentation. Records will not be released if proper documentation is not attached. Forward original documents to the DHHS Compliance Office.

For Department Use Only

1. Date request received: _____ Personal representative verified: ☐ Yes ☐ No ☐ N/A Date sent: _____

2. Extension required ☐ Yes ☐ No - Reason: _____

3. Approved ☐ Yes ☐ No - Reason: _____

Signature /Title

Date